

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Dates: 04/01/2017-06/30/2017

Grantee Name: New Beginnings

Pregnancy Care Center

0000950680

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	1	8	3	4	1	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
6	6	1	1	0	4

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
3	15	0

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
18	0	0	0	0	0	0

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
0	16	2

### 6. Client Type:

Mother	Father	Grandparent	Other
11	4	1	2

